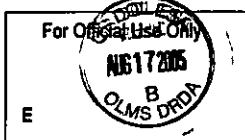


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number U - <u>9305</u>	2 Fiscal Year Covered From <u>1 / 1 / 04</u> Through <u>12 / 31 / 04</u>
3 Name and address of person filing Name <u>TYRONE R. RICHARDSON</u> P O Box, Bldg, Room No, if any _____ Street <u>2001 RHODE ISLAND AVE. N.E.</u> City <u>WASHINGTON</u> State <u>D.C.</u> ZIP Code + 4 <u>20018</u>	4 Name, file number, and address of labor organization Name <u>WAREHOUSE EMPLOYEES UNION LOCAL 730</u> Labor Organization File Number <u>009-607</u> P O Box, Building and Room Number, if any _____ Street <u>2001 RHODE ISLAND AVE. N.E.</u> City <u>WASHINGTON</u> State <u>D.C.</u> ZIP Code + 4 <u>20018</u>
5 Position in labor organization <u>TRUSTEE</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name _____ Trade Name, if any _____ P O Box, Bldg, Room No, if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest, Transaction, or Income  7 b Amount.

Signature

15 Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)

Signed

Tyrone R. Richards

On

8-12-05  
Date

(202) 529-3434  
Telephone Number

Name of Person Filing <u>TYRONE R. RICHARDSON</u>	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name, if any)</p> <p>Name <u>WAREHOUSE EMPLOYEES LOCAL 730</u></p> <p>Trade Name, if any <u>PREPAID LEGAL FUND</u></p> <p>P O Box, Bldg, Room No, if any _____</p> <p>Street <u>10626 YORK ROAD</u></p> <p>City <u>COLKEYSVILLE</u></p> <p>State <u>MD</u> ZIP Code + 4 <u>21030-2341</u></p>	<p>9 Business deals with</p> <p><input type="checkbox"/> a Labor Organization</p> <p><input checked="" type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name <u>WAREHOUSE EMPLOYEES LOCAL 730</u></p> <p>Trade Name, if any <u>PREPAID LEGAL FUND</u></p> <p>P O Box, Bldg, Room No, if any _____</p> <p>Street <u>10626 YORK ROAD</u></p> <p>City <u>COLKEYSVILLE</u></p> <p>State <u>MD</u> ZIP Code + 4 <u>21030-2341</u></p>	<p>11 a Nature of such dealing</p> <p><u>PREPAID LEGAL FUND SEMINAR</u></p> <hr/> <p>11 b Approximate dollar value of such dealing <u>8</u></p> <hr/> <p>12 a Nature of interest held or income received</p> <p><u>PROVIDE SERVICES TO MEMBERS</u></p> <hr/> <p>12 b Amount <u>\$1,900.00</u></p>

<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name _____</p> <p>Trade Name, if any _____</p> <p>P O Box, Bldg, Room No, if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14 a Nature of payment</p> <p>_____</p>
<p>13 b Is the Business an Employer _____ or Consultant _____ ?</p>	<p>14 b Amount of payment</p> <p>_____</p>

<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>ATLANTA CAPITAL MANAGEMENT COMPANY, LLC</p> <p>1349 WEST PEACHTREE ST. SUITE 1600 ATLANTA, GA 30309-2917</p>	<p>11 a Nature of such dealing</p> <p>MONEY INVESTOR</p>
<p>12.a Nature of interest held or income received.</p> <p>INVESTOR OF TRUSTEE MONEY</p>	<p>11 b Approximate dollar value of such dealing.</p> <p>\$ 25 million</p> <p>12.b Amount</p> <p>1,675.28</p>

<p>10. If 9 b or 9.c is checked give trust or employer's name</p>	<p>11.a Nature of such dealings</p>
<p>12.a Nature of interest held or income received.</p>	<p>11.b Approximate dollar value of such dealing.</p> <p>\$</p> <p>12 b Amount</p>